

Case Number:	CM15-0133392		
Date Assigned:	07/21/2015	Date of Injury:	05/14/2014
Decision Date:	09/17/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year old female, who sustained an industrial injury on 5/14/2014. She reported developing pain in the neck, bilateral upper extremities, upper back, right hip and bilateral legs from repetitive activities. Diagnoses include cervical disc syndrome, lumbar disc syndrome, radiculopathy, headaches, wrist sprain, right hip strain, cervical, thoracic and lumbar sprain/strain and segmental dysfunction. Treatments to date include anti-inflammatory. Currently, she complained of pain in the neck, mid back and low back with radiation to bilateral legs with numbness, daily headaches and right hip pain. On 5/19/15, the physical examination documented painful and restricted range of motion of the cervical and lumbar spines and tenderness in muscles in the cervical spine. The plan of care included MRI of the lumbar spine, MRI of the cervical spine, and electromyogram and nerve conduction studies (EMG/NCS) of bilateral lower extremities and bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Primarily American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 303, Back, regarding imaging.

Decision rationale: The guide states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The request is appropriately non-certified and therefore is not medically necessary.

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine Page 303, Low Back Complaints.

Decision rationale: As shared previously, under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study". The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. It can be said that ACOEM is intended for more acute injuries; therefore other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section: Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000); Uncomplicated low back pain, prior lumbar surgery; and Uncomplicated low back pain, cauda equina syndrome. These criteria are also not met in this case; the request was appropriately non-certified under the MTUS and other evidence-based criteria and therefore is not medically necessary.

X-rays of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 51, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, radiography (x-rays) section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (ACOEM), 2nd Edition, (2004) Chapter 8 and 12 for the neck and back, note on page 303.

Decision rationale: The MTUS notes that the criteria for ordering imaging studies for the spine in general are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The patient does not meet these criteria. Further, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, there is no documentation of equivocal neurologic signs. Further, imaging studies to this area had already been accomplished, and the reason for repeating the study is not clinically clear. The request was appropriately non-certified and therefore is not medically necessary.

Electromyogram (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 60-61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing either definitive equivocal signs that might warrant clarification with electrodiagnostic testing referent to the upper extremities. The request was appropriately non-certified and therefore is not medically necessary.

Electromyogram (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 60-61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd
Edition, (2004). Chapter 12, page 303.

Decision rationale: As shared previously, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there are widespread pain complaints, but no neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was appropriately non-certified and therefore is not medically necessary.